15:58

Express Mail Label No. EV680556079US

a valid OMB control numb ECLARATION I DES PATENT AP	FOR UTILITY OR	Fatent and Trademarks are required to respond to	Office: U.S. C to a collection	rough 9/30/00. DEPARTMENT OF Continuous of information unloss. LUD-PT016 (P				
ECLARATION I DES	FOR UTILITY OR	Attorney Docket	Number	LUD-PT016 (P	A1150US/IN			
DES PATENT AP								
PATENT AP	iiGN	First Named Inve	entor	Dietmar Ma	rtin			
		CO						
(37 CF	R 1.63)	Application Numb	ber Not	Yet Known				
•	_	Filing Date	Not	Yet Known	j			
Submitted OR	☐ Declaration Submitted after Initial	Group Art Unit	Not					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not '	Yet Known				
My residence, post office at I believo I am the original, names are listed below) of ARRANGEMENT I BOOM (the specification of which is attached hereto OR was filed on (MMD Application Number PCT, I hereby state that I have resmended by any amondments.		one name is listed below) of simed and for which a pote on PIECE, E.G. AN EHICLE IN A REPLATE of the Invention) OO4 as United a mended on (MWDD/YY ontonis of the above identities.	or an original, ont is sought of EXCAVATO	ation Number or PC	O A International			
entificate, or 365(a) of any	ity benefits under 35 U.S.C. 1 PCT international application ave also identified below, by ch application having a filing date to	which designated at teas secking the hox, any foreig	st one country an application I	for catent ar invento	or invontors ad States of s certificate,			
Phor Foreign Application Number(a)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached?			
103 35 667.3	Germany	08/04/2003	0000	0000	0000			
	ation numbers are listed on a s				:			
horeby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below,								
Application Number	(9) Filing Date	(MM/DD/YYYY)		tional provisional a bers are listed on				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon he needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. 1450, Alexandria, VA 22313-1450.

LUD-PT016 PA1150US

Please type a plus sign (+) inside this box 🔫 👍

TO/SB/01 (12-97)

s sign (+) inside this box

Approved for use through 9/30/00.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number.

DECLARATION — Utility or Design Patent Application

ING.LUDESCHER → 0012155686499

I heraby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the dains of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number								(if ap				
PCT/EP2004/008398				398		07/27/2004						
T Additional	U.S. or F	PCT internationa	applica	ation numbers a	re listed on e	supplement	al priority data	sheet P	TQ/SB/02B at	ched	hereto.	-
As a named inv	enter. I h	ereby appoint th	e follow	ring registered p	ractitioner(s)	la prosecute			transact all b	sinoss	in the Pate	3/16
and Tradamark	Office co	nnected therew	ith: 🔀	Customer Num OR	nber	3624		\longrightarrow		o Cus ber Ba	tomer r Code ere	
				Registered pre	ctitioner(s) r	eme/registre	tion number lis	sted befo	w L	П.		4
Name			Registration Number		Namo					lstration umber	1	
Namely, the Volpe and K												
☐ Additional	regislere	d practitioner(s)	named (on supplementa	l Registered	Practitioner I	nformation sh	eet PTO	/SB/02C attac	ed he	relo.	1
Direct all corr		ence to: 🗵	Custor	ner Number Code Label		624	OR	_	orresponden			~
Name	VOLPE AND KOENIG, P.C.											
Address								•				_
					•							-
Address	 			······································				r	1			-
City						State		ZIP		ļ		4
Country	<u></u>			Telepho	ne			Fex				_
I heroby dectar believed to be punishable by application or a	re that a true; and fine or in any paten	Il statements me d further that th mortsonment, or it issued thereon	ose sta both, u	ein of my own i lements were n under 18 U.S.C.	knowledge a nada with th 1001 and	ire true and le knowledge that such wil	that all staten that willful is itul faise state	nents ma lse stata Iments o	ede on inlorm ements and th may jeopardiz	ation a like the v	nd bellef ar so made ar ralidity of th	re re le
Name of Sole or First Inventor:				A petition has been filed for this unsig				r this unsign	d inv	rentor		
Given Name (first and middle (if				f anyl) Family Name or Surnar			or Surname			4		
Dietmar								Ma	ırtin			1
Inventor's Signature		Det	ru	000		Ct	2 fr	سا	Di	e	JAN 102	200
Residonce: C	city Braz			State		Country	A	ustria	Citiz	enahip	Austria	ın
Post Office Address Im Seiler 4												_
Post Office A	ddress		·					,				4
City	Braz State			ZIP	J A-	6751	Cou	ntry	Au:	stria	_	
☐ Additional	invento	rs are being n	amed d	on thesu	ppiementa	I Additional	Inventor(s)	sheet(s) PTO/SB/02	A atta	ched here	ote